

## In The United States Patent and Trademark Office

Appn. Ser. Nr.:	10/823,165
Application Filed:	2004 Apr 13
Applicant:	Christianson, Thomas R.
Appn. Title:	Adjustable Clamp-On Lamp With Ball-Head
Examiner/GAU:	/2875

## Request For Change of Filing Date From April 13, 2004 to April 12, 2004

Filing Receipt Corrections  
Office of Initial Patent Examination  
Commissioner For Patents  
Washington, DC 20231

Dear Persons:

Applicant mailed the above application by Express Mail on April 12, 2004, as can be verified by reviewing the attached copy of an Express Mail receipt. However the OIPE gave it a filing date of April 13, 2004. Applicant respectfully requests that the OIPE change the filing date to the actual date of Express Mailing, April 12, 2004, pursuant to 37 CFR §1.10(a)(1). (This is a duplicate of a Request filed 2004 Jul 8 that applicant inadvertently captioned with an incorrect Serial Number.)

Very respectfully,



David Pressman, Attorney

Enc: Copy of Express Mail Receipt

1070 Green Street, #1402  
San Francisco, CA 94133-5418  
Tel. 415 776-3960; Fax 415 776-3950

Certificate of Faxing: I hereby certify that on the date below I will fax this paper and attachment to the OIPE of the PTO at 703-746-9195.

Date: 2004 Aug 23



David Pressman, Attorney

ChristiUllard 6  
SN 10/823, 185

 ER 272423327 US		
<b>ORIGIN (POSTAL USE ONLY)</b> PO ZIP Code <b>94133</b> Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Weekend <input type="checkbox"/> Flat Rate Envelope Date <b>8/23/04</b> Postage <b>13.65</b> Mo. Day Year <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM Time In <b>22/16</b> Military <input type="checkbox"/> Return Receipt Fee <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Weight <b>0.7 lbs.</b> Int'l Alpha Country Code <input type="checkbox"/> COD Fee <input type="checkbox"/> Insurance Fee \$ <b>13.65</b> No Delivery <input type="checkbox"/> Accept/undo Clerk Initials <input type="checkbox"/> Total Freight & Fees <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <b>S 13.65</b>		
<b>FROM: (PLEASE PRINT)</b> <b>PHONE ( 415 776 - 3950 )</b> <b>D. Pressman</b> <b>1070 Green St, 1402</b> <b>S. F., CA 94133-5418</b>		
<b>FOR PICKUP OR TRACKING CALL 1-800-222-1811</b> <b>www.usps.com</b>  PRESS HARD. You're making it easier.		
<b>Customer Copy</b> <small>Label 11-B September 2002</small>		
<b>UNITED STATES POSTAL SERVICE</b>  <b>EXPRESS MAIL</b> <b>Post Office To Addressee</b>		
<b>DELIVERY (POSTAL USE ONLY)</b> Delivery Attempt Time Employee Signature Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature Delivery Attempt Time Employee Signature Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature Delivery Date Time Employee Signature Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature		
<b>CUSTOMER USE ONLY</b> <b>PAYMENT BY ACCOUNT</b> Express Mail Corporate Acct. No. <input type="checkbox"/> <b>RECEIPT OF SIGNATURE (Domestic Only)</b> <small>Additional signatures are welcome to verify if witness or signature is requested.</small> <small>I acknowledge delivery was made without updating signature of recipient or addressee except if delivery attempt is successful and I authorize that delivery employee's signature constitutes valid proof of delivery.</small>		
Federal Agency Acct. No. or <input type="checkbox"/> <b>Customer Signature</b> Postal Service Acct. No.		
<b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> <b>TO: (PLEASE PRINT)</b> <b>PHONE (</b> <b>Box Patent Application</b> <b>Commissioner for Patents</b> <b>Alexandria, VA</b>		
<b>2 2 3 1 3 + 1 4 5 0</b> <small>ZIP + 4</small>		